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Meditsinakiy Rabotpik.

BIGUMAL', A NEW USSR ANTIMALARIAL

The antimalarial preparation bigumal' \sqrt{a} biguanidine drug/ is no less effective than stebrin and compared to it has the following advantages: it does not stain the tissues, exhibits a higher effectiveness in the medical treatment of tropical malaria, and exerts a greater effect in smaller individual doses (0.1 g per week), preventing relapse in tertian malaria.

Treatment with bigumal' causes a decrease in the malarial paroxysms on the very first day. Like atebrin or quinine, bigumal' is a schizontocidal substance, a condition which determines its therapeutic effect.

When it is taken internally, the substance is rapidly rescribed and appears in the write at the end of the first hour.

Bigumal' is easily tolerated by patients when given in therapeutic doses. The toxicity is low. The secondary effects are infrequent and comprise rapidly passing symptoms of nauses and of stimulation of the activity of the bone marrow together with appearance in the peripheral blood of neutrophilic myelocytes.

The substance is taken internally in the course of a 5-day cycle as follows: on the first day, 0.3 g twice; on the second and following 3 days, 0.3 g cace.

The treatment of tropical malaria is limited to a single 5-day cycle because there are reasons to believe that bigumal' exerts a complete therapeutic and apparently slac sterilizing action in this form of malaria, unless there is reinfaction.

In tertian and quartan malaria bigumal' prevents relapses which occur in 25-40% of the cases. Therefore, it is necessary to continue treatment after the first 5-10 day cycle by administering Col g per week in the course of 3-6 months.

Treatments are given to children according to the same plan, but the dosage is varied depending on age as indicated below:

First year, 0.625 g; from 1-2 years old, 0.025-0.05 g; 2-4 years, 0.05-0.075 g; 4-5 years, 0.075-0.1 g; 5-8 years, 0.10-0 .15 g; 8-12 years, 0.15-0.2 g; and 12-16 years, 0.2-0.25-0.3 g.

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